

(Please print or type.)

For Official Use

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

IN RE THE PETITION OF:

**Petition for Removal of  
Firearm Restriction**

\_\_\_\_\_  
Name

Case No. \_\_\_\_\_

\_\_\_\_\_  
Date of Birth

**UNDER OATH I STATE:**

1. I was found delinquent in \_\_\_\_\_ County on (date) \_\_\_\_\_  
for the following felonies: \_\_\_\_\_

The case number of that case was \_\_\_\_\_. Attached is a copy of the dispositional order in that case. Section 941.29(1)(bm), Wis. Stats., prohibits me from possessing a firearm because of that delinquency adjudication.

2. I would like to have the prohibition against possessing firearms removed because:

3. I am not likely to act in a manner dangerous to public safety.

4. I ☐ have ☐ have not previously requested another court to remove the firearms prohibition. (If you have previously requested removal of the firearms prohibition, attach a copy of that petition and the court's order.)

5. I ☐ have ☐ have not fully complied with the dispositional order in this case including:

- payment of restitution, forfeitures, costs, or other financial obligations;
- completion of all community service obligations;
- completion of all other obligations.

(If you have not fully complied with all provisions of the dispositional order, please explain.) \_\_\_\_\_

6. I ☐ do ☐ do not have any other outstanding financial obligations (restitution, fines, forfeitures) to this or any other court in the state of Wisconsin. List all financial court obligations: \_\_\_\_\_

7. Since the adjudication listed in paragraph 1,

I ☐ have ☐ have not been adjudicated delinquent for additional crimes.

I ☐ have ☐ have not been convicted as an adult for additional crimes.

(Attach copies of all dispositional orders or judgments of conviction.)

Subscribed and sworn to before me

on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Name Typed or Printed

\_\_\_\_\_  
Notary Public, State of Wisconsin

\_\_\_\_\_  
Address

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

Distribution:

Court – Original

Copy to District Attorney in county where: Delinquency adjudication occurred; Petitioner resides (if different); Petition filed (if different)